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“Second Chance Act of 2007”
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Thank you for the opportunity to testify on the “Second Chance Act of 2007”, and to participate in this important hearing. My name is Roger H. Peters. I serve as Chair and Professor in the Department of Mental Health Law and Policy at the University of South Florida, Louis de la Parte Florida Mental Health Institute in Tampa, Florida. I recently served as Chair and co-editor (with Dr. Harry Wexler) of SAMHSA’s Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol (TIP) #44 on “Substance Abuse Treatment for Adults in the Criminal Justice System”, published in 2005. As a psychologist and scientist working in criminal justice settings over the past 20 years to examine effective treatment approaches for drug abusing offenders, I know that we have learned much about the importance of drug treatment in helping offenders recover from this devastating disorder. In the area of research, with the help of the National Institute on Drug Abuse (NIDA) we have made great strides in measuring the importance of treatment in breaking the cycle of drug abuse and criminal behavior. Great leadership has also been provided by CSAT and the Center for Mental Health Services (CMHS) at SAMHSA, and by the U.S Department of Justice in encouraging implementation of evidence-based treatment for offenders, including groundbreaking initiatives to expand the use of drug courts, jail diversion programs, jail and prison-based treatment, and reentry services. I am pleased to be here this afternoon to provide an overview of our current scientific base for understanding effective drug abuse treatment approaches in the criminal justice system.

The Impact of Untreated Drug Disorders in the Criminal Justice System

Drug abuse is a major burden to society, with the annual economic costs estimated to exceed half a trillion dollars in the United States, including health, crime-related costs, and losses in employment productivity. The estimated costs to society of drug-related crime are \$107 billion annually. Substance abuse significantly increases the likelihood of criminal behavior. Drug use is directly linked to over half of all violent crimes, 60-80% of child abuse and neglect cases, and 50-70% of property crimes. One of the largest burdens to our society from untreated drug disorders is in the criminal justice system, where prison and jail populations have grown tremendously over the past two decades as a result of an influx of drug-involved offenders. There are now almost 7 million adults in the criminal justice system, including over 2 million persons incarcerated in jails and prisons. Over half of these individuals have significant substance abuse problems, although most have never participated in a comprehensive treatment program.

The costs associated with expanding jails and prison systems to house those with drug addiction are enormous - the average cost of incarceration in jail or prison is from \$20,000-23,000 per year. Almost 80% of correctional costs are linked to substance abuse, representing approximately 10 times the amount that states currently spend on substance abuse treatment, prevention, and research. If uninterrupted, the cycle of drug abuse and crime jeopardizes our public health and public safety and places a significant strain on an already over-burdened criminal justice system. By reducing substance abuse among those who are involved with the justice system, we can reduce crime and improve the health, safety, and well-being of the individual, and of communities and society as a whole.

Why Treatment Should be Provided to Offenders with Drug Disorders

For those involved in the criminal justice system, 70% have used drugs regularly in the past. Lifetime rates of alcohol and drug disorders are markedly higher for offenders than for the general population. Rates of mental disorders, HIV/AIDS, hepatitis, and tuberculosis are also significantly higher among offenders. Many offenders have not previously received adequate treatment for substance abuse, mental health, dental, or other health care problems, and a significant number have acute and severe health care needs. As a result, involvement in the criminal justice system provides a critically important opportunity to address these health care issues through treatment services that promote significant lifestyle change and that encourage abstinence, gainful employment, and successful reentry to society.

We also know that drug and alcohol disorders do not resolve simply through forced abstinence in jails and prisons. Within 3 years after release from prison, two-thirds of all offenders are rearrested, including those with drug problems. Within the first year of release, 85% of offenders with prior drug disorders return to drug use, and 95% return to drug use within three years. Research shows that these disorders are chronic, relapsing disorders of the brain that feature progression over an extended period of time, and are characterized by compulsive behavior. As a result, these disorders require involvement in treatment that addresses underlying issues, causes, and factors that sustain the pattern of drug use. Because drug addiction interferes with neurophysiological pathways that mediate punishment and reward and that can exert control over one's behavior, the drug addicted individual will compulsively seek drugs despite the threat of severe punishment (e.g., incarceration), at the expense of natural rewards, such as those from involvement with family and friends. Comprehensive drug abuse treatment provided in the justice system therefore offers an effective approach to interrupt the harmful cycle of drug use and crime.

In recent years there has been an emerging gap between the need for substance abuse treatment in the criminal justice system and the scope of services provided. In fact, our nation's criminal justice system is now treating only a small fraction of those who need substance abuse services. Less than 6% of state and federal prison budgets are currently spent on substance abuse treatment, and only 10-12% of offenders receive any form of substance abuse treatment. Just over half of state prisons, and a third of jails provide any type of substance abuse treatment. The rate of offender participation in treatment has actually declined in recent years, from 25% to 10%. A striking finding of a recent national survey was that only 4% of jail inmates received any type of treatment services during their current incarceration, and less than 2% received counseling services. Where services are provided, they are often not comprehensive in scope, and may not be provided in treatment units that are isolated from the general inmate population. One of the most significant gaps in services occurs following release from jail or prison, or reentry to the community – a particularly vulnerable time when offenders are exposed to various risks for relapse, and stress associated with reengagement with family, and full-time work.

An increasing proportion of offenders have other health disorders, in addition to their alcohol and drug disorders. For example, up to 15% of offenders have major mental disorders, and 45-75% have significant mental problems, according to a recent national study conducted by the U.S. Department of Justice. Among offenders who have mental disorders, 75% have co-occurring drug disorders. These individuals cycle rapidly through the criminal justice system and account for a disproportionately large share of local and state expenditures on crisis services, hospitalization, and detention. Other major health disorders are also found in disproportionate rates among offenders. Approximately 25% of all HIV/AIDS cases, 33% of all hepatitis cases, and 40% of tuberculosis cases in this country will pass through a correctional facility in a given year. Involvement in the justice system provides a significant opportunity to intervene with drug disorders and other major co-occurring health disorders.

How Effective is Substance Abuse Treatment within the Criminal Justice System?

Research findings from NIDA and the National Institute of Justice (NIJ) provide strong and compelling evidence for the effectiveness of substance abuse treatment within the criminal justice system. Treatment has been found to consistently reduce criminal recidivism, drug use, family violence, unemployment, and welfare dependence among criminal justice populations. Substance abuse treatment reduces drug use by about half, reduces crime by up to 80%, reduces arrests up to 64%, and increases employment by 40%. Treatment is also effective across different criminal justice settings, including prisons, jails, work release centers, day reporting centers, and drug courts. Effectiveness of treatment is not diminished when individuals receive these services as a requirement of court supervision - in fact, judicial leverage tends to enhance retention in treatment, and outcomes are about the same as for those who enter treatment without these stipulations. There also appears to be a dose-related response to substance abuse treatment, with a minimum threshold of three months of participation in treatment required to achieve positive outcomes, and 6-12 months to achieve lasting reductions in drug use and crime. Longer treatment duration appears to improve outcomes for individuals in prison, jail, and community corrections settings.

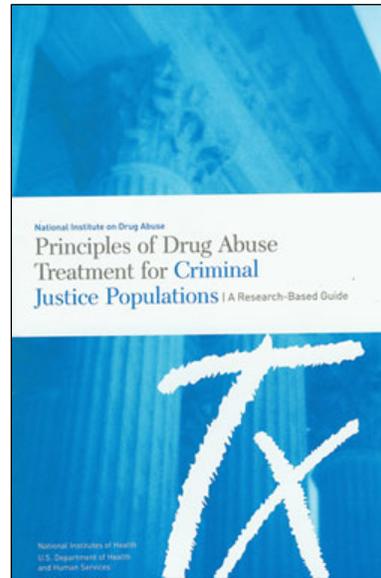
Treatment in the criminal justice system works, and also saves money. Cost savings are realized in areas of law enforcement, court processing, demand for jail and prison space, consequences to crime victims, and work productivity. For examples, annual cost savings are estimated at \$156,000 to \$1.4 million per jail treatment program. Cost savings specifically related to drug-related crime that are attributable to substance abuse treatment amount to \$4 to \$7 per dollar spent. In general, substance abuse treatment returns from \$7 to \$23 for every dollar spent.

Which Treatment Approaches are Effective with Offenders?

Through the efforts of NIDA, the Office of Justice Programs (OJP), the Bureau of Justice Assistance (BJA), CSAT, and CMHS, efforts are well underway to integrate substance abuse treatment into the criminal justice system and to improve outcomes for offenders.

One example of efforts to improve services for offenders is the comprehensive set of studies conducted through NIDA’s Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) initiative, undertaken in collaboration with Federal, state, and local criminal justice partners. Through CSAT’s Criminal Justice Discretionary Grant Program, OJP’s Drug Court Discretionary Grant Program, and, before it was eliminated, OJP’s Drug Courts Program Office, additional opportunities have been provided to develop and evaluate comprehensive treatment programs for drug-involved offenders.

Efforts are also underway to identify and operationalize key scientific findings about principles of effective treatment in the criminal justice system. CSAT has published a series of Treatment Improvement Protocols (TIPS) that have been widely used by correctional professionals to implement evidence-based approaches to substance abuse treatment. NIDA’s recently published “Principles of Drug Abuse Treatment for Criminal Justice Populations” outlines a set of organizing principles for drug treatment in the criminal justice system, and recognizes that effective treatment is customized to address a variety of needs and that recovery is a long-term process that often requires multiple treatment episodes. Key principles of treatment for criminal justice populations include the following:



- Recovery requires treatment involvement over a sustained period of time, and exposure to treatment in sequential stages of the criminal justice system (e.g., court and pre-trial services, community corrections, jail, prison).
- Treatment in jail and prison provides an important platform for recovery, and is significantly strengthened by reentry services that provide continuing involvement in treatment, vocational services, and with other community supports.
- To produce lasting behavior change, the intensity and type of treatment should be adjusted to address the level of addiction severity, impairment, and the extent of co-occurring disorders.
- Treatment should be responsive to age, gender, ethnicity and culture, stage of recovery, and level of supervision needed.
- Treatment should target factors related to criminal behavior, including “criminal thinking” patterns that support substance abuse and other aspects of a criminal lifestyle.
- A balance of incentives and sanctions are needed to encourage prosocial behavior and treatment participation.

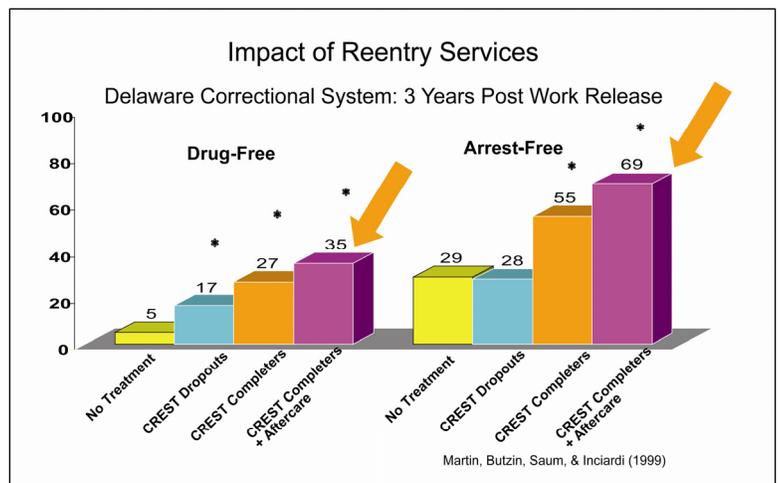
- Integrated treatment is needed for offenders with co-occurring mental disorders, which includes drug treatment, psychiatric treatment, and specialized treatment and supervision approaches.
- Medications are an effective component of treatment for many drug abusing offenders to help normalize brain function (e.g., by stabilizing drug cravings), and are also of vital importance for individuals with co-occurring mental disorders.
- Services should be designed to prevent and treat serious, chronic medical conditions such as HIV/AIDS, hepatitis B and C, and tuberculosis.

A growing body of research indicates that the most effective drug treatments combine behavioral and pharmacological approaches, and facilitate sustained involvement over an extended period of time to address the chronic, relapsing nature of drug disorders. Behavioral therapies include cognitive behavioral interventions, relapse prevention, contingency management, and motivational enhancement. Key medications that have been found to be effective for use in substance abuse treatment include buprenorphine, disulfiram (antabuse), methadone, and naltrexone. We also have identified approaches that are ineffective for use with drug abusing offenders, including boot camps, intensive supervision, regular supervision, and drug education programs that do not include an emphasis on skills development and involvement in drug treatment.

Drug treatment for offenders should be aligned with the need to provide long-term services to address the chronic nature of addiction. Like other chronic and relapsing health disorders such as asthma, diabetes, and hypertension, drug addiction requires ongoing attention, and can be effectively treated and managed over time, particularly if treatment modalities align with specialized needs of offenders and address the chronic, complex, and relapse-prone nature of the disorder. Thus, effective treatment services in the criminal justice system should provide a range of interventions that address needs of offenders who are at different stages in the recovery process, and who have different levels of impairment.

Why are Reentry Services of Critical Importance for Drug-Involved Offenders?

One of the key obstacles to effective substance abuse treatment services in criminal justice settings is the absence of coordinated reentry to the community. For example, less than half of jail and prisons provide reentry services for offenders who are in need of substance abuse services. The absence of reentry services is directly related to higher arrest and relapse rates following



return to the community. The most effective correctional programs are those that combine treatment in the institution with treatment for at least three months following release to the community. This is illustrated by findings from a NIDA study conducted in Delaware (see diagram), in which those who participated in prison-based treatment followed by treatment in a community work release center were seven times more likely to be free of drugs after 3 years than those who received no treatment. Nearly 70 percent of those in the comprehensive treatment (prison and reentry services) group remained arrest-free after 3 years, in contrast to only 30 percent of those who did not receive treatment. Significant reductions in criminal recidivism have been observed over a 5 year follow-up period for those involved in comprehensive prison and reentry services. Research indicates that involvement in reentry services leads to improved outcomes for those released from both prison and jail.

A potential barrier to implementing effective reentry services is that many offenders are released from custody with no further criminal justice supervision (e.g., probation or parole), and are unlikely to enter and remain in treatment under these conditions. One solution is to provide early release from correctional facilities with treatment involvement required as a condition of probation or parole supervision. Another strategy is to provide “split sentences” to those in need of treatment, so that part of the sentence can be served in jail or prison, with community supervision and legally mandated treatment to follow. Case management services, such as those provided by Treatment Accountability for Safer Communities (TASC) can provide an important bridge to assist in successful reintegration of drug-involved offenders to the community. These services are often initiated while the person is still in jail or prison, with community treatment staff and/or case managers visiting the institution to begin planning for involvement in ongoing treatment, peer support programs, transitional housing, vocational and educational services, and continuation of medications and other health care needs.

Continuing to Build Effective Treatment Solutions in the Criminal Justice System

There is a growing recognition that treatment for drug abusing offenders is effective, and contributes to the public health and public safety interests of our society. Our understanding that “criminal justice treatment works” has been advanced by NIDA’s strategic portfolio of research studies in this area, and by the development of community justice partnerships, as embodied by the emergence of almost 1,900 drug courts across the country. However, this knowledge alone will not help to build and sustain the infrastructure necessary to expand the scope of drug treatment services in the criminal justice system. The proposed “Second Chance Act of 2007” legislation provides an important step towards extending the impact of correctional treatment and reentry services, and breaking the harmful cycle of drug abuse and crime. The legislation supports an evidence-based continuum of treatment that spans institutional and community settings, and that will likely reduce crime and drug use, and promote gainful employment and successful reintegration to society.

Several other key steps are needed to build infrastructure support to achieve the goals established by the “Second Chance Act of 2007”. These include the following:

- Providing stable sources of funding and support for treatment and reentry services throughout the criminal justice system. Programs such as the Criminal Justice Discretionary Grant Programs and the Residential Substance Abuse Treatment for State Prisoners (RSAT) Formula Grant Program are of vital importance in encouraging states to expand correctional treatment and reentry services.
- Incentives should be provided (e.g., through federal grant programs) to support state coordinating councils to plan, develop, and implement state-wide strategies for identifying gaps in treatment services within the criminal justice system, linking drug treatment resources, and promoting evidence-based practices and assessment of performance outcomes at the program and system levels.
- An orchestrated system of screening, assessment, referral, and tracking of drug abusing offenders is needed to insure effective deployment of treatment resources in the criminal justice system.
- Continued cooperation and partnerships should be encouraged between the U.S. Department of Justice, Office of Justice Programs and HHS/SAMHSA in crafting solutions to expand the continuum of correctional treatment and reentry services. For example, concurrent funding could be directed to the Department of Justice to promote reentry-based services, and to SAMHSA to support expansion of correctional treatment services.
- Support for ongoing scientific research to examine the effectiveness of treatment services in the criminal justice system, such as the exemplary portfolio of studies developed through NIDA's Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) program.

Conclusion

In closing, drug abuse disorders are widespread in our society, and particularly affect those involved in the criminal justice system. We know that there is a strong connection between drug abuse and crime, and of the harmful cycle between chronic drug use, crime, and incarceration. We also know that substance abuse treatment and reentry services can be highly effective in breaking this cycle, particularly if these services are provided in a comprehensive and coordinated manner across different points in the criminal justice system, and with supervision to provide appropriate incentives and sanctions to encourage successful involvement in treatment. Yet we are now providing drug treatment to only a fraction of those in the criminal justice system who need these services. For all of these reasons, your efforts to enact the "Second Chance Act of 2007" make good sense from both a policy and human perspective. At the personal level, this legislation is likely to help reclaim many lives that would otherwise be compromised by addiction. At a broader level, this legislation will promote both public health and public

safety, and the successful reintegration within our communities of those whose lives would otherwise be ravaged by addiction.

Thank you for allowing me to share this information with you. I will be happy to answer any questions that you may have.